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Response to RFI Regarding

Long Term Services and Supports for Persons Enrolled in Louisiana Medicaid

Prepared For

State of Louisiana
Department of Health and Hospitals

January 28, 2013

1. Response to RFI Questions

Faced with surging growth in populations needing Long Term Services and Supports and exponential growth in costs, Louisiana is expanding managed care to these new beneficiaries. While Louisiana seeks cost containment, the State also is concerned about the quality of services provided to its most vulnerable citizens. By aligning with Harmony Information Systems, MAXIMUS offers Louisiana an end-to-end solution for administration of this program, enabling streamlined processes, unbiased enrollment counseling, and data sharing capabilities that enable administrative efficiencies to reduce costs, maintaining quality, and freeing funding for enhanced delivery of care.

States are facing acute pressure to rein in Medicaid spending as it exists today, and the burden on the system is growing yearly. The aging of the baby boom generation threatens to move the current model beyond the breaking point. For instance, it is not uncommon for more than 50 percent of a state's Medicaid spend to be consumed by Long Term Care (LTC) services delivered to less than 10 percent of total Medicaid recipients. Given that the elderly are the primary consumers of LTC, the demographic trends alone will increase pressures on states intensely.

At the federal level, the Medicare system is at risk for the same demographic reasons. A lack of coordination between Medicare and Medicaid has been identified as a primary impediment to improved outcomes and cost containment. Federal and state policy makers recognize that rebalancing LTC from its current bias for institutional care to one focused on Home- and Community-Based Care (HCBC) represents an important strategic shift needed to navigate through the aging of the baby boom population. Public policy makers are compelled to rebalance LTC with increasing urgency. In most states, this will require a radical expansion of the Medicaid-funded HCBC ecosystem, one which is complex and different from the primary and acute care models with which states are often more familiar. This will also drive a focus on care coordination for those dually eligible for Medicaid and Medicare.

State agencies responsible for operationalizing these mandates face a daunting task. Success will require optimization of multiple, complex stages and processes: coordination with community based organizations; single points of entry; effective options counseling; comprehensive in-home assessments; demanding enrollment processes; labor-intensive care coordination and care planning; service planning; provider contract management; extensive and ongoing in-home services coordination; billing; outcome measurements; and multiple reassessments. Federal guidelines dictate that the entire enrollment process for Medicaid-funded HCBC be completed within 90 days, a standard many states struggle with. All states will be challenged by the combination of exploding client populations and fundamental shifts in LTC. Many will be overwhelmed.

Lack of standardization across states characterizes LTC today, as does variation within states from region to region. Additionally, there is a high degree of uncertainty about strategic policy directions. Approaches will vary widely and will continuously evolve. Adding to the confusion for many consumers are the different organizational structures across states charged with planning and managing LTC. In many cases there is little communication among the agencies within a state charged with delivery of LTC services to different target populations. This diversity of organizational structures often confuses citizens seeking LTC services, making it difficult to find the resources to meet their individual needs.

It is against this highly challenging backdrop that Louisiana Department of Health and Hospitals (DHH) has chosen to take a bold step to reform its system by issuing this Request for Information, seeking creative, innovative, and viable strategies that will assist Louisiana with restructuring the organization and

delivery of Medicaid services to its most vulnerable populations – Individuals receiving Medicaid-funded Long Term Services and Supports (LTSS). As a trusted partner to DHH, MAXIMUS is pleased to respond to your request, offering potential solutions that we believe can help transform your LTSS system for a diverse clientele, including the elderly and those with physical and developmental disabilities.

Louisiana, to its credit, has chosen to take a broad look at innovating its LTSS system, seeking changes not only in the administrative aspects of its programs including the eligibility and enrollment, options counseling, and case management processes, but also in the very delivery of care. While MAXIMUS offers significant opportunities to address the administrative components, we are not in the business of delivering care. Therefore, in the following sections, we provide our ideas and recommendations for enhancing only the components of your system that touch upon our specific areas of expertise. Accordingly, we have chosen to answer only a few of your questions

1.1 Overview of the MAXIMUS/Harmony Alliance

To provide Louisiana and other States with en efficient and effective solution for LTSS administrative services, MAXIMUS has formed an alliance with Harmony Information Systems, Inc, a company that brings more than 10 years experience in the LTC arena, providing services to 39 state agencies and more than 900 unique customers. MAXIMUS initially started to work with Harmony in our Pennsylvania Independent Enrollment Broker Project, in which we implemented a comprehensive enrollment and eligibility assistance model for Pennsylvania's waiver programs for persons with disabilities. As a consequence of the Office of Long Term Living's (OLTL) resolution of a court case brought by advocates in this State, OLTL has requested that MAXIMUS assist them in reengineering the existing Medicaid waiver eligibility and enrollment process. Working hand-in-hand with OLTL, we continue to enhance and significantly expedite the waiver enrollment process. Through this project, we have learned many lessons and tested a variety of innovative ideas, which we hope to be able to share with the State of Louisiana.

Our success in Pennsylvania has led MAXIMUS and Harmony to establish an ongoing alliance to assist other states in revamping their waiver programs. MAXIMUS and Harmony Information Systems are working together to deliver a turn-key solution to the burgeoning government funded LTC marketplace. Through the combination of MAXIMUS excellence in operational execution and Harmony's robust Software As a Service (SaaS) technology, the partnership solution fills a pressing void by enabling states to successfully rebalance to the home and community based model, bend cost curves, drive to predictable results and minimize risk, all while improving outcomes for consumers and their families. This unique partnership simultaneously leverages deep MAXIMUS expertise with state Medicaid agencies and Harmony's equally deep successful track record with state and local LTC organizations serving elderly and disabled populations. MAXIMUS and Harmony together can provide an efficient, cost effective, and quick-to-market solution that addresses Louisiana's key objectives, as shown in *Exhibit 1.1-1: The MAXIMUS-Harmony Solution Meets Louisiana's Objectives.*

Objective	How MAXIMUS-Harmony Relationship Meets the Objective
Improve quality of services and health outcomes	■ Institute an unbiased choice counseling approach that helps people select the MCO that best meets their needs ■ Monitor receipt of care through provider updating the Plan of Care (PoC) when services are delivered ■ PoC available to family and caregivers through online portal ■ Provide outbound calling to ensure receipt of services and perform customer satisfaction surveys
Decrease fragmentation and improve coordination of care	■ Provide a statewide toll-free number and single point of entry for all populations needing LTSS ■ Maintain assessments and PoCs for all waiver programs in a single system
Create a system that utilizes proven and/or promising practices	■ Operational and systemic approach proven successful in PA, where waiver application processing time has been reduced significantly
Refocus the system in order to increase choice and provide more robust living options	■ Provide enhanced choice counseling that discusses multiple options based on unbiased assessment ■ Maintain conflict free case managers to ensure the provision of requisite services
Rebalance the system in order to meet the growing demand for services within the existing level of expenditures for the LTSS population	■ Use of sophisticated scheduling software with geomaping enables more efficient use of assessment staff ■ By streamlining the waiver eligibility and enrollment process for all populations, redundancies are removed from the system ■ By separating the assessment and care planning processes from delivery of care, reduce costly conflict of interest and prevent abuses

Exhibit 1.1-1: The MAXIMUS-Harmony Solution Meets Louisiana's Objectives. *Our joint solution enables efficiencies in the enrollment process and conflict-free case management, which ultimately results in better outcomes for consumers.*

1.1.1 Experience Working with Long Term Care Populations

For over three years, MAXIMUS has helped the Department of Public Welfare (DPW) provide healthcare access to hundreds of thousands of Pennsylvanians through its multi-faceted Medicaid program, including community-based waiver services for long-term care recipients. Prior to December 2010, intake and enrollment functions for the Pennsylvania Medicaid HCBC waivers/programs were performed by multiple enrolling entities across the state. These same entities were also service coordination providers which posed a conflict of interest. The lack of a central enrolling entity also prevented the OLTL from having access to data and reports to view and monitor activities on a statewide basis. To address these issues, the OLTL issued an RFP seeking an Independent Enrollment Broker (IEB) to coordinate intake and enrollment for the Medicaid waivers/programs on a statewide basis. Selected as the Pennsylvania Independent Enrollment Broker (PA IEB), MAXIMUS was charged with developing one standardized process for enrolling individuals into the waivers/programs across the state.

As the PA IEB, we handle statewide intake and assessment services for six different Medical Assistance HCBC waivers/programs in a way that maximizes participant self-determination and freedom of choice. The primary tasks include operating a call center with a statewide toll free line to receive referrals from community agencies, potential participants, family members, and service providers; performing initial phone screening and scheduling intake and assessment visits for persons with disabilities; conducting in-home functional assessments; transferring the necessary documentation to the state system; and assuring quality and data-driven process improvement. Additional responsibilities within our IEB scope of work that correlate to Louisiana's requirements include:

- Triaging to get all parts of the eligibility process completed including gathering and retaining all of the documentation necessary to complete the in-home assessment and the medical documentation

- Administering customer satisfaction surveys following the completion of each in-home visit
- Providing expedited services for consumers who are at risk of a process failure that could affect their ability to access needed services and supports
- Recruiting and retaining culturally diverse and appropriately qualified field-based staff
- Working collaboratively with various stakeholders and consumer groups and providing education, outreach, and community awareness including visiting nursing facilities and sharing information with discharge planners, as well as developing and disseminating materials about OLTL programs

In addition to PA IEB, our experience includes working with person-centered and community-based service delivery systems, multi-functional personal interactions with seniors and persons with disabilities, information and referral services, care planning and face-to-face assessments, collaboration with advocacy organizations and other disability community stakeholders, and Medicaid-oriented continuous quality improvement. As an example of this type of work under the Texas Enrollment Broker Services project, MAXIMUS educates and enrolls Medicaid consumers into STAR+PLUS, a managed care program targeted to persons eligible for Medicaid based on age or disability. STAR+PLUS program combines traditional health care, such as doctor visits, with long-term services and supports, such as in-home assistance with activities of daily living, home modifications, respite care (short-term supervision), and other personal assistance services. Among other populations, MAXIMUS provides services to seniors, as well as adults and children who have a physical or mental disability and qualify for supplemental security income (SSI) benefits, including:

- Home visits and other community-based presentation and counseling sessions
- Enrollments, health plan and provider transfers, and outreach activities
- Data collection and exchange with state-designated systems
- Customer satisfaction surveys

The Michigan Department of Community Health (MDCH) operates the Children's Special Health Care Services (CSHCS) program to provide health care and support services to children with qualifying medical or disability conditions. Since 2010, the CSHCS program has operated within a managed care model and one of our primary goals is helping families identify and select the provider network that will best meet the needs of their children. This involves sensitively balancing assessment and counseling with the need to remain objective and not guide families to a particular outcome.

Our experience enrolling the LTC population into managed care spans a number of other states as well. For the State of California, we assisted with the transition of Medicaid-only eligible Seniors and Persons with Disabilities (SPDs) from Fee for Service to managed care, when California began this transition last year, and we are currently working with the State to prepare for their upcoming dual eligibles demonstration. In New York, we have provided enrollment into managed care for the LTC population for some time and will also be assisting this State in its dual eligibles demonstration. To proactively encourage persons aging out of Medicaid to enroll into managed care plans for duals, we have implemented outbound calls and notices for this group. Similarly, we are enrolling the target audience into managed care in Massachusetts and are working with the Commonwealth to prepare to implement their duals demonstration.

Finally, since 1989, MAXIMUS has been the leading provider of health care coverage appeals for the Centers for Medicare & Medicaid Services (CMS). Currently we serve as the CMS Qualified

Independent Contractor (QIC) for the entire Medicare Part A Program, the entire Medicare Part C program, the entire Medicare Part D program, and the Southern Region of the Medicare Part B program. Through these contracts we have completed more than 750,000 Medicare appeals addressing the full spectrum of Medicare benefits and payment. This experience includes level of care and severity-related assessments for seniors and individuals with physical and mental disabilities.

1.1.2 An End-to-End Modular Solution for LTSS Administration

Harmony's deep footprint and relationships in aging and disability services, both at the state and local levels, and MAXIMUS strong presence within state Medicaid and healthcare infrastructures, as well as with the Medicare program at the federal level, provide a powerful value proposition to the LTSS marketplace. The relationships established in these different delivery channels by each of the companies offers an opportunity to bring together traditionally disparate organizations to create a more streamlined and customer-focused entry to LTC services for consumers.

The MAXIMUS/Harmony Solution allows Louisiana to choose from a menu of operational services and supporting turn-key system modules designed to optimize each phase of the HCBC model. The ability for the State to go to one source to solve both operational and systems needs for complex processes with a modular approach will deliver unique value. Louisiana can pick and choose which pieces of the solution to implement, while also having the option to expand to other modules as your programs evolve. Each module is designed to optimize the unique HCBC model, including the need to facilitate collaboration with multiple stakeholders around a home-based model of care. Given the great variations and evolving nature of approaches, a successful technology solution must allow the State to efficiently adapt through software configuration, a key differentiator of Harmony's SaaS model. The MAXIMUS/Harmony Solution enables Louisiana to more rapidly realize public policy objectives while reducing costs, reducing risk, compressing timelines and improving outcomes.

Exhibit 1.1.2-1: Overview of the MAXIMUS/Harmony Solution depicts the end-to-end solution that can address the needs of the Bureau of Health Services Financing (BHSF) for administering both the State Plan Services and the Medicaid Waiver programs. As we are demonstrating in Pennsylvania, our solution can be shared by the Office for Aging and Adult Services (OAAS) charged with administering the Long Term Personal Care Services program and the 1915(c) waivers designed for seniors and individuals with adult-onset disabilities, as well as by the Office for Developmental Disabilities (OCDD), which has responsibility administering the four 1915(c) waivers designed for individuals with developmental disabilities. By combining data in a single database for multiple programs, disparate programs can benefit by sharing person-centered data in a meaningful way.

As this diagram shows, together MAXIMUS and Harmony's operational and system capabilities span the full HCBS life cycle. Currently being proven in our PA IEB project, our solution provides capabilities at each phase of the HCBS life cycle and, regardless of who performs these functions, can be easily adapted to enhance the efficiency of Louisiana's program:

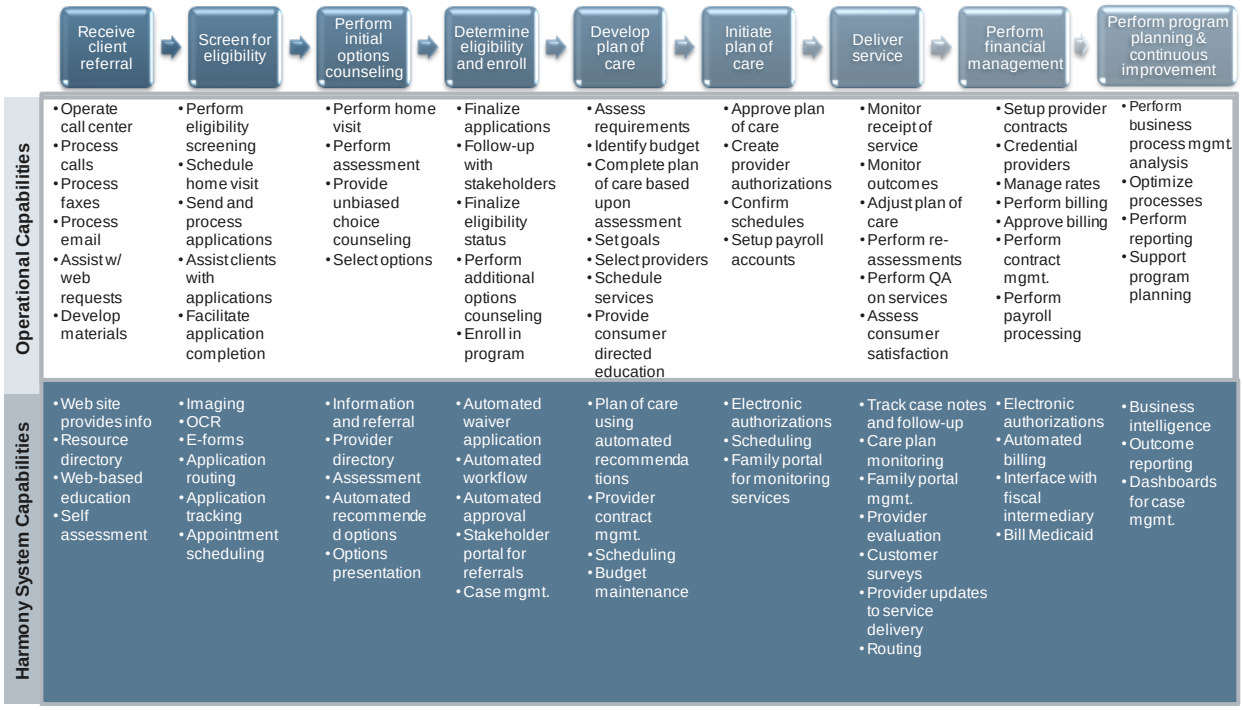

Exhibit 1.1.2-1: Overview of the MAXIMUS/Harmony Solution. *The MAXIMUS/Harmony solution provides "one stop shopping" to provide as much or as little of the HCBS process, making implementation for Louisiana quicker and less risky.*

- **Receive Client Referral:** MAXIMUS can use the web-based Harmony module to provide a statewide 1-800 number for a single point of entry, regardless of the program or population seeking service. We can leverage our existing call center for Louisiana to receive and track referrals and consumer contacts from multiple channels, including phone, fax, email, and self-screen web applications. We can use the Harmony web-based resource directory to maintain an up-to-date referral database of resources to which we can refer callers, making it easy to implement a statewide single point of entry with accurate and consistent information.
- **Screen for Eligibility:** Using our web-based solution, consumers can self-screen for eligibility for a variety of waiver programs or be screened by Customer Service Representatives (CSRs) in the call center. For those deemed eligible for the program, our staff can arrange the in-home assessment and completion of the eligibility application. Using the automated scheduling and geographic mapping capability developed by Harmony for Pennsylvania, we can efficiently schedule field assessors located across Louisiana to make the home visits, optimizing travel routes and reducing travel time. In Pennsylvania, we use home-based agents with disabilities to perform outbound reminder calling to confirm appointments, which reduces no-shows, ensures appropriate family members and caregivers are available for the assessment, and provides employment for those in the State with disabilities who wish to work part time. We can set up a similar program for Louisiana. Further, our existing mailroom for the Enrollment Broker project can be used to perform paper application processing using imaging and electronic workflow, as well as efficient fulfillment of requests for information materials about different LTC options and plans.
- **Perform Initial Options Counseling:** During the home visit in Pennsylvania, MAXIMUS staff performs an in-home assessment of applicants to determine their level of care needs. They discuss both institutional-based and HCBS options with applicants, providing totally unbiased choice

counseling to help the client select the program that best meets his or her needs. If the client desires HCBS services, a more comprehensive Level of Care assessments may be performed by staff of the Area Agencies on Aging (AAAs), who can add to the information already collected by MAXIMUS staff. The Harmony system provides a database of hundreds of assessment questions, many of which are from nationally recognized standard assessment vehicles. This module would enable Louisiana to develop automated, standardized assessment vehicles quickly and with ease, while allowing different questions to be incorporated for individual waiver programs. It also enables consumers to be assessed for more than one waiver program at a time. All assessments conducted for an individual are maintained in the Harmony database, providing a case history that allows the progression of the person's condition to be tracked and assessment data to be shared across programs such as those addressing medical and behavioral health. Additionally, the system offers a directory of providers, enabling MAXIMUS staff to help consumers select specific providers to deliver desired services.

- **Determine Eligibility and Enroll:** Using the information and documents maintained in this system, MAXIMUS staff collect all necessary information for state workers to perform a final eligibility determination. In Pennsylvania, the eligibility determination requires a Level of Care Assessment, Physician Certification as to the need for nursing home level of care, and a Medicaid financial eligibility determination. MAXIMUS staff compile all required forms for the application package and then forward the package to OLTL for a final determination. If there are documents or information missing, our home-bound application assistants perform outbound calling to obtain the necessary documentation/information to expedite application processing and reduce application time-outs. Using the Harmony provider portal, physicians may submit the Physician Certification online, streamlining the process even more. In a managed care environment such as Louisiana, this is when the field assessors would provide unbiased choice counseling to help the consumer select the appropriated Managed Care Organization (MCO) to meet their individual needs.
- **Develop PoC:** While in Pennsylvania the AAA staff typically develops the PoC, how this service is delivered varies substantially from state to state. MAXIMUS can provide this service, it can be provided by State staff, or it can be delegated to another entity. The Harmony system can support whatever entity develops the PoC by using automated algorithms to recommend specific levels of service based upon the automated assessment already in the database. Case managers can override any PoC recommendations made by the system. The Harmony system maintains a database of providers that can be selected to deliver different elements of the PoC. Once developed, the automated PoC is used by case managers to oversee delivery of services and maintain the budget for the consumer. During this phase, MAXIMUS staff can also deliver and track consumer directed education for those participating in a consumer-directed program.
- **Initiate PoC:** Once created, PoCs can be forwarded through the Harmony system for approval. Once the PoC is approved, staff can then confirm the availability of services with the provider and set up system service authorizations, which is sent to the service provider and serves as the financial authorizations for service delivery. Staff also set up the account for the ongoing generation of provider invoices.
- **Deliver Service:** Using the public facing portal, providers can update the Harmony system as they deliver services to the consumer. This enables both the case manager and the family to track what services have been delivered. From a quality assurance verification perspective, depending upon the State's needs and policies, MAXIMUS can provide a variety of services, including outbound calling

to consumers to verify the receipt of services, monitoring of outcomes, home visits to perform quality assessments, and implementation of customer satisfaction surveys. Our physician panels, used for Medicaid and Medicare appeals projects, can be used to do records reviews if the State desires this level of review. Depending upon the organizational structure of the program, we can make adjustments to the PoC, performing reassessments as necessary.

- **Perform Financial Management:** Based upon the provider update of the PoC, the system can generate automated billings, which can be uploaded electronically to the fiscal intermediary for payment. The Harmony system performs a "pre-edit" routine, which applies the same edits that would be provided in the MMIS system, and notifies providers of any invoices unlikely to be accepted by the MMIS. This saves both the State and the providers significant time in resolving billing discrepancies. MAXIMUS can support any State-desired financial management services.
- **Perform Program Planning and Continuous Improvement:** Using a vast array of standard reports and ad hoc reporting tools, as well as the comprehensive data maintained by the Harmony system, MAXIMUS can perform a range of business process management analyses, allowing our processes to be continuously improved. We use custom designed process dashboards and simulation tools to identify bottlenecks in our business processes and make recommendations to the State for ongoing improvements in the program.

From our experience working with many different clients, MAXIMUS and Harmony collectively realize that specific HCBC administrative processes vary significantly from state to state. Therefore, we have provided highly flexible functionality, which can be used by a variety of stakeholders in different ways. The web-based access and automated workflow that is so central to the Harmony system is designed to enable different tasks to be performed by different performers in each unique implementation. Therefore, the functionality described above has been specifically designed so that it can be performed by whoever is designated as the responsible entity. While MAXIMUS can perform all of these functions should the State wish us to do so, we can also assist with some and work with other stakeholders as they perform the others, using the system as a centralized repository of LTSS data relevant to all stakeholder communities.

1.2 Enrollment Model

As the Center for Medicare and Medicaid Innovation embarked on its demonstration programs for dual eligibles, a continual refrain could be heard from many in the advocate community – as with the current consumers of Medicaid managed care, a fair and impartial means for dually eligible recipients to learn about and select the appropriate MCO to meet their individual needs must be in place to ensure the desired outcomes from this demonstration. Because Louisiana is about to embark on a managed care program for its most vulnerable populations, an unbiased enrollment model is even more critical, as the individuals targeted for this new managed care program have much more complex needs and therefore even more at stake than those younger,/healthier people being enrolled today into Medicaid managed care.

At the same time, health plans are increasingly turning to the aging and disability networks in the States to benefit from their experience and expertise assisting these very same groups. With the new requirements for health plans to manage care for this more complex and less healthy population, many plans are anticipating significant challenges and substantial risk, as they face unfamiliar territory in delivering health care and LTC services to this new clientele. Few if any of the existing Medicaid MCOs

have experience actually working with this population and fewer still understand the financial risks that such a population could entail. Further, many plans lack the basic understanding of the program regulations and policy implications inherent to providing care to this target group of participants, nor do they have the infrastructure or skills to communicate effectively with these populations from the "get-go." To address these gaps in actuarial experience and program knowledge, many MCOs are turning to the existing infrastructure – the Aging and Disability Resource Centers (ADRCs) generally operated by AAAs, Centers for Independent Living (CILs), and other community organizations with years of experience working with this specific clientele. Many plans are requesting that these organizations provide expertise, consulting, case management, and actual service delivery for these participants. In many cases, MCOs are engaging in direct contractual relationships with these entities − relationships that pose a conflict of interest if these entities also serve in the role of enrollment assistors.

This tendency on the part of the MCOs places the State of Louisiana in a difficult position. On the one hand, allowing the MCOs to contract with the ADRCs, AAAs, and CILs offers much needed expertise to the MCOs and can help the plans establish the effective and comprehensive services that meet the needs of this challenging population. On the other hand, this trend makes it more difficult for the State to implement the unbiased and conflict-free enrollment process desired by CMS.

Several states, especially those submitting Balancing Incentive Payment Program grant requests, have argued that it is possible and even preferable to segregate those parts of the organization actually delivering services from those performing enrollment. Such legal constructions often do not address the inherent biases imposed by this situation. In Pennsylvania, for example, when MAXIMUS became the unbiased Enrollment Broker, many organizations celebrated being given a chance to provide services, opportunities they did not have when a competitor service provider was performing the enrollment and steering consumers to their own organization. Regardless of policies and procedures in place to guard against such practices, such unconscious biases were often encountered. Ample unbiased, but knowledgeable organizations are available to perform such enrollments without turning to service providers. The State should seek an approach that strictly avoids even the potential for such conflicts to ensure impartial and enabling assistance to consumers.

As the current Louisiana Enrollment Broker, MAXIMUS is uniquely positioned to quickly and cost effectively implement a high quality and unbiased enrollment model for this new population. MAXIMUS already has a facility, mail room, and technical infrastructure in place to serve as a centralized Enrollment Broker operation and to provide a statewide toll-free line. With sufficient space and equipment to expand the staff needed to support the additional clientele, MAXIMUS can quickly add and train staff on these new populations, yet still leverage the technical platform, management, quality assurance, and training resources in place in our Georgia call center that are already being dedicated to Louisiana, thereby realizing economies of scale and reducing time to implementation. Further, we have offices in the State from which to operate a local field-based Enrollment Broker operation for in-home visits and community outreach.

An optimal, independent, and conflict-free enrollment process must, first and foremost, be focused on the individual. But, as is the case with any well-run Medicaid community-based waiver program, it must also be characterized by efficiency, accountability, and cost-effectiveness. Accordingly, the entity chosen to administer this process must have the following capabilities and resources:

- **Qualified and Skilled Staff:** In addition to the required experience and educational credentials, the CSRs, field-based Enrollment Brokers/Assessors, and case managers must be able to empathize with what the elderly and persons with disabilities and their families experience in navigating the complexities of the Medicaid managed care system without being patronizing or conveying an air of authority or superior knowledge. Rigorous quality assurance methodologies are needed to monitor and document staff performance in various job classifications and identify those who may benefit from additional training or mentoring.
- **Scalability:** Louisiana's size and rural areas pose obvious challenges relative to field-based workers who carry out their work within a defined region. Similarly, the agency providing the Single Point of Entry/No Wrong Door must be able to scale as needed to address unanticipated peaks in demand. Without sufficient capacity and scalability, performance standards will quickly slip if several field workers quit or are temporarily unavailable because of illness or family issues, or if call center volumes unexpectedly spike.
- **Reliable and Proactive Scheduling:** While they may not be immediately obvious, there are a number of significant risks associated with the scheduling of interviews. These include one or more individuals missing or forgetting about the appointment, the challenges of arranging and confirming the attendance of all team-members, ensuring the availability of translation services for those with Limited English Proficiency (LEP) or deafness, appointment requests at unusual times, and overlapping appointment requests.
- **A Balanced Approach to Assessment:** A needs assessment for an elderly person or one with physical, intellectual, or developmental disabilities must balance standardization with respect for the communication needs and capabilities of each person. Accuracy within the context of respect and empathy cannot be achieved when the process is rushed or a cookie-cutter approach is applied. On the other hand, a process that takes more time than is warranted is disrespectful to the individual and his or her family and is also not cost-effective for DHH. An optimally balanced approach can only be achieved through a combination of experience, well-designed training, technology tools that document and mitigate risks and undesirable trends, and a strategic approach to managing locally-based assessors in a large and diverse state.
- **Accountability:** The needs assessment process operates within three spheres of influence in addition to the most important one: service to the enrollees and those who are entering the program. These spheres are DHH, program stakeholders and advocates, and CMS. To meet the needs and expectations of each group, the process must be documented through relevant and understandable reports, supported by transparent and meaningful quality assurance methodologies, and overseen by managers who emphasize compliance with the quantitative performance standards and qualitative program objectives.

With the depth of experience that MAXIMUS brings in unbiased enrollment brokering for managed care, especially working with the aging and participants with physical or developmental disabilities, we can assure Louisiana that we are highly qualified to provide the capabilities and resources discussed above that form the foundation of a successful, conflict-free enrollment process.

1.2.1 Populations to be Served

To gain the economies of scale and efficiencies that we discuss in other sections of this RFI response, the unbiased enrollment model discussed above should be implemented for the full range of populations

seeking managed care services that include long term care – both Medicaid-only and dual eligible recipients. Further, our enrollment model can support aging waiver participants, as well as those with physical and developmental disabilities, including all age groups and relevant populations. By providing a single, statewide entry point for all programs, we can minimize consumer confusion and maximize program coordination.

1.2.2 Services to be Provided

Our enrollment model is a highly inclusive, comprehensive process comprising education and outreach; Single Entry Point/No Wrong Door call center services for responding to inquiries and referrals, performing pre-screening for program eligibility, and appointment scheduling for in-home assessments; performing assessments; providing unbiased choice counseling; offering eligibility and enrollment support including outbound calling to enable applicants to obtain all of the documentation needed to complete the eligibility process; and providing any necessary materials or notices to applicants. MAXIMUS can extend the enrollment process by providing conflict-free case management and quality assurance services for all Medicaid waiver populations and dual eligibles seeking managed care plans that provide inclusive, integrated care that comprises acute, behavioral, and long term services and supports.

In the managed care arena, we understand that the Enrollment Broker function for these complex clients must be enhanced from the model used for the less complicated Medicaid-only populations. By including a comprehensive and unbiased assessment process as part of the enrollment function, both participants and the State benefit. Through in-depth assessments, the Enrollment Counselors gain the information they need to counsel enrollees on selecting the plan options that can best meet their individual needs. The State, in turn, benefits from improved outcomes that are encouraged through this better placement of individuals in the appropriate MCO. While it is well accepted that dual eligibles as a group are more expensive than other populations, individual duals vary significantly in the level of care they require. By differentiating between different levels of need within these populations, the State could avoid monolithic payment rates, instead differentiating capitation payments by different levels of need. This approach can save the State money by assuring it pays capitation based on the level of care individuals actually need.

1.3 Approach to Conflict Free Case Management

As with enrollment services, there is an inherent conflict when the same entity doing care planning and management also delivers the care, especially when for-profit entities must balance shareholder resources. Without appropriate oversight and consumer advocacy, there is the danger of consumers being denied services they need to save cost of care by the service provider.

We recognize that the MCO needs to be able to manage care of their enrollees. Therefore, it is important to find the right balance of what is accomplished pre-enrollment and post-enrollment by an independent entity. MAXIMUS offers several approaches to this challenge. As a trusted third party with no financial ties to any provider organization, MAXIMUS can hire and train clinical staff to develop these PoCs, relying on algorithms available in the Harmony system to support standardized plans of care based on scored electronic assessments, but tempered by clinical judgment. Alternatively, MAXIMUS can partner with AAAs/CILs to perform these assessments, capitalizing on their substantial expertise and experience in this area, but eliminating direct financial relationships between the MCOs and these entities. Finally, a third option is for the MCOs to perform this function, but use MAXIMUS physician panels such as those

currently in place for Medicaid and Medicare appeals to perform quality assurance review on these care plans and their ongoing management.

1.4 Education/Outreach/Standards for Cultural Competency

The effectiveness of the managed care program for the LTC population will be significantly affected by the education and outreach program in place to promote it. Making consumers, especially the elderly and persons with physical or developmental disabilities, aware of and helping them understand the benefits of participating in managed care is a labor-intensive but critical task. Many consumers, especially those in disadvantaged populations, have little understanding of the managed care system or how to use the services offered to effectively to manage their health.

Consumers will need ongoing information to introduce and prepare them for the program implementation, to guide them through the initial rollout, and to support them and keep them current throughout the program. They need to be told where to go to find information, and the information has to be easy for them to find and understand. Using *plain language* strategies makes it possible to reach many of these adults without sacrificing the key elements of high quality information: good organization; streamlined and concise writing; a friendly, conversational tone; and a clean, uncluttered design.

Plain language means using familiar, everyday words to explain program components—words that most adults know and understand. Plain language strategies include organizing the content carefully while using the readers' logic so that they find answers to their questions easily; using clear, concise sentences and short paragraphs to create easy-to-absorb chunks of information; using navigation aids, such as headings and sections, to guide readers through the material and enable them to find what they need; and using formatting to enhance readability, with plenty of white space, a standard font, print that is big enough to read easily (or that can be easily adjusted), and other design features that promote readability.

If information about the transition to managed care is written at a high reading level, without these adults in mind, many will miss the opportunity to learn about and use this new service delivery system and to benefit personally from using it. When consumers can read new information easily and understand it right away, they can also absorb it, learn from it, and act on it. They depend less on others to interpret information for them, their confidence gets a boost as the fear of struggling with printed or online material recedes, and they have access to accurate information whenever they want it.

To help create such educational materials and appropriate strategies for outreach, MAXIMUS offers the services of our Center for Health Literacy ("the Center"), nationally recognized for their expertise in health literacy and adaptive translations. The Center is a group of writers, graphic designers, researchers, and translators who understand the language and literacy needs of diverse populations and can develop effective communication materials. The Center, which has worked for the State before, is comprised of creative experts who produce high-quality, easy-to-read, and easy-to-understand print and Web materials that reinforce key messages, demonstrate simple and intuitive design, and utilize cost-efficient, accurate production processes. Their work is grounded in qualitative research: one-on-one usability testing and focus groups that help us tailor materials to the literacy level of the target audience.

Additionally, there are multiple ways to reach out to low literate and LEP consumers to increase their awareness of the rollout of managed care for new populations and deliver the services they need to become actively engaged with their providers and their health. While many consumers can be reached easily through traditional channels, the underserved will pose more of a challenge. As an example of

strategies we use to reach this population, in our Pennsylvania IEB project, our field-based assessors are also responsible for performing outreach with the entities serving the target population in their regions. This regionally-based staff is tasked with performing regular visits and establishing partnerships with some or all of the following:

- **Community- and Faith-Based Organizations:** Community- or faith-based groups can be particularly effective in reaching consumers who do not have the time or funds to travel a distance but instead rely on local clinics or community programs. Immigrant workers in particular must trust the source if they are to believe the information provided.
- **Ethnic and Cultural Associations:** For non–English speakers, ethnic or cultural associations provide a trusted source of information and a way to receive necessary translations. For many of the immigrants, information coming from a well-known cultural organization frequented by their peers, their employers, the ethnic press, or ethnic Websites is far less threatening than information coming from a government source.
- **Federally Qualified Health Centers and Other Community Clinics:** These safety-net clinics see many "hard to reach" uninsured consumers and may lack the resources to provide explanations about the use of Medicaid MCOs for which their clients might qualify.
- **Aging and Disability Resource Centers, Area Agencies on Aging, and Centers for Independent Living:** The elderly and persons with disabilities are most likely to benefit from integrated managed care to help coordinate their care across different settings. Agencies that work directly with these populations can play a pivotal role in making their constituents aware of MCO services and helping them to make better use of the information they receive.
- **Discharge Planners in Nursing Homes, ICF/DDs, and Hospitals:** One of the best sources to reach these new enrollees considering HCBC services is the interaction with discharge planners when they are being discharged from a hospital stay or a closing nursing facility or ICF/DD.
- **Community Events and Health Fairs:** In our Medicaid programs across the country, we have found that meeting consumers "where they are" is an effective strategy. Therefore, our field workers typically attend community events or health fairs, where they can provide informal presentations and meet with consumers to deliver our message.
- **County and State Agencies:** By providing posters, brochures, and outreach visits, we can reach consumers when they are receiving or applying for other services.

1.5 Timeline for Implementation

One of the significant benefits of forging a solution from existing and proven components is that it allows a quick timeline for implementation. Because our solution is based on using resources already in place for Louisiana, including a call center currently operating for the state, implementation tasks are significantly reduced. Further, the Harmony system, proven in over 900 implementations around the country for 39 state agencies, relies on the Saas model and requires only configuration for Louisiana-specific business rules. Relying on these existing capabilities, the MAXIMUS-Harmony alliance can provide our end-to-end LTSS solution in approximately three months from contract award. The specific modules and operational services desired by the State would affect the specific schedule and could be phased as the State finds appropriate.

1.6 Potential Benefits and Risks

The combination of MAXIMUS operational support with Harmony's off-the-shelf automation creates a unique end-to-end solution for the entire continuum of care. Working together, our joint solution offers the following benefits to Louisiana:

- **Unbiased Choice Counseling:** By separating the administrative functions − intake, assessment, and case management − from the delivery of services, our approach retains the unbiased choice counseling and case management that is the cornerstone of the Medicaid managed care program for other populations. This approach encourages competition among MCOs, as well as differentiation among populations, which in turn can lead to lower capitation rates for the State.
- **Better Health Outcomes:** By offering enhanced choice counseling tied to conflict-free assessment, Enrollment Counselors can assist this population with complex health needs to select plans that best address their individual conditions. When people are receiving targeted care, outcomes are more likely to improve as they receive the services that best match their needs.
- **Less Confusion About Access:** By providing a single, statewide call center that provides a truly single point of entry (as opposed to multiple agencies across the state) for *all* populations needing LTSS services (regardless of their age, status, or disability), individuals needing a range of support will experience less confusion about how to access needed services, apply for different waivers programs, and receive the care they need.
- **Administrative Efficiencies and Quicker Enrollment:** By implementing a single process for enrollment, as opposed to having multiple enrollment processes for different waiver programs, as well as implementing targeted automation to achieve efficiencies in the process, participants can be enrolled more efficiently, receiving access to needed care more quickly.
- **Better Data Sharing and Fewer System Interfaces:** By establishing a single database for all participants receiving LTSS, different state offices can better share data, as can health plans that may be serving the individual clients who may move from plan to plan. A single enrollment system requires far fewer interfaces with the State's eligibility systems than if each MCO performed its own enrollment into their own system.
- **Economies of Scale:** By leveraging the call center facility, infrastructure, and cross-trained staff already in place, Louisiana can experience economies of scale that for their Medicaid program. Similarly, using a single system for intake, assessment, and case management across waiver populations can provide efficiencies for all of the waiver programs.
- **Existing Knowledge of the Louisiana Environment:** We have gained a deep understanding of your Medicaid policies and program goals, as well as the challenges that the program faces. Thisexperience will allow MAXIMUS to "hit the ground running" to implement an effective administrative program for these new populations.

While our approach offers numerous benefits, from our past experience in Louisiana and in providing administrative services to these same populations in other states, we also understand the challenges that we will face. *Exhibit 1.6-1: Risks Facing the Administrative Vendor*, we identify risks and mitigations.

Operational Challenge	How Our Management Approach and Work Plan Meet the Challenge
Qualified and skilled CSRs, Assessors, and Case Managers that are professional, empathetic, and are able to effectively communicate	▪ Recruiting and hiring practices that have already proven effective in developing a geographically distributed workforce of properly credentialed professionals ▪ Training platform that combines assessment-specific curriculum with standardized material centered around culturally and linguistic effective interactions with the elderly and persons with disabilities ▪ Quality monitoring techniques that are tailored to in-home interactions
Sufficient scalability and capacity to meet the needs of Medicaid participants, regardless of where they live	▪ A dedicated and flexible local team that can back up one another in populated areas or temporarily travel to remote areas when needed ▪ Cross-trained Louisiana EB professionals provide additional capacity
Scheduling processes that anticipate and mitigate the most common risks	▪ Processes built upon a successful IEB project with similar scheduling challenges and risks ▪ Reminder phone calls five and two days prior to the appointment ▪ Customer surveys to systematically identify and resolve scheduling issues or constraints ▪ Scheduling software that keeps our staff productively engaged, minimizing down-time and appointment scheduling conflicts
A LTSS administrative approach that balances standardization with respect for individual needs	▪ A dedicated team of supervisors whose principal responsibility is monitoring CSRs and field assessors and helping them consistently achieve the appropriate balance ▪ Corporate knowledge and understanding acquired through years of service to individuals with physical, intellectual, and developmental disabilities across the country
Accountability to program stakeholders, and CMS	▪ Continuous improvement model built upon mutually-reinforcing training, monitoring, and reporting methods ▪ Louisiana Medicaid stakeholder groups already know and trust our work from the Louisiana EB project ▪ As the nation's foremost provider of Medicaid administrative support services, we know how to meet or exceed CMS reporting requirements and the Harmony system supports this reporting

Exhibit 1.6.1-1: Risks Facing the Administrative Vendor. *Through our experience working with these populations, we have identified potential risks that Louisiana may face, but offer mitigation strategies proven to address such risks.*

As our national experience demonstrates, MAXIMUS respects aging Medicaid consumers and those with disabilities; we work in a spirit of collaboration and partnership with the state agencies who serve them and the stakeholders who advocate on their behalf. As our Pennsylvania and other experience shows, we know how to create a strategically sound combination of consumer-oriented training, a well-chosen and motivated workforce, reliable and meaningful quality assurance, and productivity-oriented technology to deliver services efficiently and at a high rate of return on the state's investment.

This combination of operational skill and sensitivity to the self-determination rights of the aging and individuals with physical, intellectual, and developmental disabilities would make us a sound choice, notwithstanding any other considerations. But our ability to leverage an infrastructure and management team that is already in place and providing services to other Medicaid recipients with specialized needs gives us the added benefits of cost-effectiveness and a proven record of service to DHH and the people who depend on it. Adding to that is the use of a highly specialized system, built specifically to support the LTSS life cycle, which offers us untold administrative efficiencies, opportunities for data sharing, and flexibility in communications to enable multiple stakeholders to participate in the eligibility and enrollment process.